



10/B
M. H. Lee
9-9-96

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: J. Chan
TAKEHIRO YOSHIDA)
: Group Art Unit: 2608
Application No.: 08/395,588)
: Filed: February 28, 1995)
: For: COMMUNICATION APPARATUS)
: FOR SELECTING A)
: COMMUNICATION PROTOCOL)
: COMPATIBLE TO A PARTNER)
: STATION AND EXECUTING)
THE SELECTED PROTOCOL : August 23, 1996

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT

Sir:

In response to the Office Action dated May 23,
1996, please amend the above-identified application as
follows.

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope
addressed to: Assistant Commissioner for Patents, Washington,
D.C. 20231 on August 23, 1996

(Date of Deposit)

Abigail Cousins
(Name of Attorney for Applicant)

Abigail Cousins August 23, 1996
Signature Date of Signature



re-application of:

TAKEHIDE YOSHIDA

Application No.: 08/395,588

Filed: February 28, 1995

For: COMMUNICATION APPARATUS FOR
SELECTING A COMMUNICATION
PROTOCOL COMPATIBLE TO A
PARTNER STATION AND EXECUTING
THE SELECTED PROTOCOL

Docket No. 35.C10516

Examiner: J. Chan

Group Art Unit: 2608

Date: August 23, 1996

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	** 20	= 0	x \$11 \$22	0
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$39 \$78	0
Fee for Multiple Dependent claims \$125°/\$250						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ *Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_ to cover the Extension fee for response within months is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 758-2400. All correspondence should continue to be directed to our address given below.

Amiel Cousins
Attorney for Applicant
Reg. No. 29,292

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277 Park Avenue
New York, New York 10172
Facsimile: (212) 758-2982

A:C10516.AMD